



REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT

ND DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 960 (Rev. 09-2001)

| Name of Child(ren) | Age or Birthdate | Identifying Information | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------|------|-------|----------|
| | | Name of Parent(s)/Caretaker | | | |
| | | Address | City | State | Zip Code |
| | | Telephone Number | | | |
| | | Name of Subject (Person(s) Suspected to be Causing Maltreatment) | | | |
| | | Address | City | State | Zip Code |
| | | Telephone Number | | | |
| Give nature and extent of the suspected abuse or neglect, including any information of previous abuse or neglect; family composition; and any other information which may be helpful in protecting the health and welfare of the child(ren). If additional space is needed, attach additional pages (BE SPECIFIC. ANSWER; WHO, WHAT, WHERE, WHEN, WHY, HOW OFTEN). | | | | | |
| Name of Reporter | | Address | City | State | Zip Code |
| Reporter's Relationship to Children | | Telephone Number | | | |
| Signature of Reporter | | | | Date | |

AGENCY USE ONLY

| | | | |
|-------------------------|--------------------------------|---------------|-------------|
| Date Received by Agency | Intake Social Worker | Source | Case Number |
| | Social Worker Assigned to Case | Date of Entry | |

Received By: ☐ Phone
☐ In Person ☐ Written

Initial Category
☐ A ☐ B ☐ C